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	•			LYNMITA C.	ROBERTSON	(Depositor's name)
06/10/2005 FFANAI	A3 00000076 010465	10632074		Symplex	Solution	(Signature)
01 FC:1501	1400.00 DA					5/7/05 (Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/632,074 08/01/2003 Christo			Christopher A. Wi	lliston	AFD 626T	2216
FITLE OF INVENTION: D	OOUBLE-HEADED TENT S	STAKE DRIVER A	ND PULLER HA	VING TWIN RELEASE	LEVERS	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	\$1400	07/18/2005
EXAMINER ART U			Т	CLASS-SUBCLASS	]	
. CHUKWURAH,		173-090000				
CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indica	dence address or indication of "Fo dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY) United States of America as repre-						
sented by the Secretary of the Air Wright-Patterson Air Force Base, OH Force						
Please check the appropriate	e assignee category or catego	ries (will not be pri	nted on the patent)	: 🗖 Individual 🗖 C	orporation or other private g	roup entity 🚨 Government
a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
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21	f Copies		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number Ar U1-U405 (enclose an extra copy of this form).			
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.	• •	•	LL ENTITY status. See 37 (	(O) ( )
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Authorized Signature	INE			Date	6 Jm 20	05
Typed or printed name _	FREDRIC L.S	SINDER		Registration	No. 28,475	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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